

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90259 018 ****61.25

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04052005 Chg-NP CR2E037 (10/03)

DOCUMENT # N96000001871							
1. Entity Name BAY AREA SOCIETY OF ANESTHESIOLOGISTS, INC.							
Principal Place of Business TAMPA GENERAL HOSPITAL, DEPT. OF ANESTH. ROOM G-208, DAVIS ISLANDS TAMPA, FL 33606			Mailing Address TAMPA GENERAL HOSPITAL, DEPT. OF ANESTH. ROOM G-208, DAVIS ISLANDS TAMPA, FL 33606				
2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3391327 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BARRETT, CHARLES V III 307 SOUTH FIELDING AVENUE TAMPA, FL 33606				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE D NAME DOWNS, JOHN B M.D. STREET ADDRESS T.G.H., DEPT. OF ANESTH., ROOM G-208 CITY-ST-ZIP TAMPA, FL 33606	<input type="checkbox"/> Delete		TITLE V NAME VILA, HECTOR M.D. STREET ADDRESS 12901 Bruce B. Downs Blvd., MDC Bx 59 CITY-ST-ZIP Tampa, FL 33612	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE D NAME SMITH, PATRICIA STREET ADDRESS T.G.H., DEPT. OF ANESTH., ROOM G-208 CITY-ST-ZIP TAMPA, FL 33606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE ST NAME SOTO, ROY MD STREET ADDRESS 12901 BRUCE B DOWNS BLVD, MDC 59 CITY-ST-ZIP TAMPA, FL 33612	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE VP NAME SCHUSTER, ANTHONY MD STREET ADDRESS 12901 BRUCE B BROWN CITY-ST-ZIP TAMPA, FL 33612	<input type="checkbox"/> Delete		TITLE P NAME STREET ADDRESS 12901 Bruce B. Downs Blvd., MDC Bx 59 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE ST NAME KLEIN, MALCOM MD STREET ADDRESS 12901 BRUCE B DOWNS BLVD CITY-ST-ZIP TAMPA, FL 33608	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 12901 Bruce B. Downs Blvd., MDC Bx 59 CITY-ST-ZIP Tampa, FL 33612	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:				Date: <u>4/13/05</u>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Daytime Phone #: <u>813-844-7438</u>			